

**Committee of Joint Boards of Nursing and Medicine  
and Advisory Committee of Joint Boards of Nursing and Medicine**

Department of Health Professions  
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

**Business Meeting Agenda  
April 11, 2018 at 10:00 A.M. in Board Room 2**

**Call To Order** - Louise Hershkowitz, CRNA, MSHA; Chair

**Establishment of Quorum**

**Announcement**

- Welcome to new Joint Boards Members: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP

**Review of Minutes**

- February 7, 2018 Business Meeting
- February 7, 2018 Special Conference Committee

**Public Comment**

**Dialogue with Agency Director** – Dr. Brown

**Old Business:**

- Regulatory Update – **Ms. Yeatts**
- Report on 2018 General Assembly – **Ms. Yeatts**

**Policy Forum:** Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia's Nurse Practitioner Workforce: Composition by Specialty 2018 Report

**New Business**

- Board of Nursing Executive Director Report – **Ms. Douglas**
- Development of Regulatory Time related to HB 793 (NP Bill)

**Probable Cause Review** - Joint Boards Members Only

**Next Meeting - Thursday, May 17, 2018, at 9:00 A.M in Training Room 1**

- HB 793 Regulatory Proposal meeting – Joint Boards Members and Advisory Committee Members

**Adjourn**

**2:00 P.M** – Disciplinary Proceeding begins

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 7, 2018**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:04 A.M., February 7, 2018 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Louise Hershkowitz, CRNA. MSHA; Chair  
Marie Gerardo, MS, RN, ANP-BC  
Kevin O'Connor, MD  
Kenneth Walker, MD

**MEMBERS ABSENT:** Joyce A. Hahn, PhD, RN, NEA-BC, FNAP  
Lori Conklin, MD

**ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Mark Coles, RN, BA, MSN, NP-C  
Wendy Dotson, CNM, MSN  
Sarah E. Hobgood, MD  
Thokozeni Lipato, MD  
Stuart F. Mackler, MD  
Janet L. Setnor, CRNA

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Lisa Speller-Davis, BSN, RN; Policy Assistant; Board of Nursing  
Huong Vu, Executive Assistant; Board of Nursing  
Darlene Graham, Discipline Staff; Board of Nursing

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
David Brown, DC; Director; Department of Health Professions  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
William L. Harp, MD, Executive Director; Board of Medicine

**IN THE AUDIENCE:** Kelsey Hall, RN, University of Virginia (UVA) Student  
Diana Rodriguez, RN, UVA Student  
Mary Duggan, American Association of Nurse Practitioners (AANP)  
Kassie Schroth, Medical Society of Virginia

**INTRODUCTIONS:** Committee members, Advisory Committee members and staff members introduced themselves.

**ESTABLISHMENT OF A QUORUM:** Ms. Hershkowitz called the meeting to order and established that a quorum was present.

ANNOUNCEMENT: Ms. Hershkowitz welcomed Ms. Setnor as the CRNA member on the Advisory Committee to the Committee of the Joint Boards of Nursing and Medicine.

REVIEW OF MINUTES: The minutes of October 11, 2017 Special Conference Committee, Formal Hearing, and Business Meeting, were reviewed. Ms. Gerardo moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: There was no public comment received.

OLD BUSINESS: **Regulatory Update:**

Ms. Yeatts reviewed the chart of regulatory actions as provided in the Agenda.

Ms. Yeatts presented proposed changes to the Pain Management Emergency Regulations:

- **18VAC90-40. Regulations for Prescriptive Authority for Nurse Practitioners**
  - **220(D) Opioid therapy for chronic pain**  
8/24/17: *“The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.”*  
Proposed: To reduce costs and to allow practitioners to retain discretion whether or not to administer a test as noted in the Economic Impact Analysis, it has been proposed to change “and at least every three months for the first year of treatment and at least every six months thereafter” to **at the initiation of chronic pain management and randomly at least once per year.**
  - **18VAC90-40-270. Treatment with buprenorphine**  
8/24/17: *“For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient’s medical record.”*  
Proposed: Change “3%” to **7-8%**
  - **Adding Sickle Cell Disease** to the list of exemptions.
  - **Adding the requirement** that the indication of use (acute or chronic) be noted on the written prescription.
  - **Specifically identifying Tramadol** as an atypical opioid

**Update on NOIRA for Eliminating of a Separate Prescriptive Authority License:**

Ms. Yeatts stated that the NOIRA is still at the Secretary’s Office and will not be reviewed until the General Assembly regular session has ended.

**Proposed Regulations for Performance of and for Supervision and Direction of Laser Hair Removal:**

Ms. Yeatts noted that the HB2119 was passed by the 2017 General Assembly and became law as of July 1, 2017. Ms. Yeatts stated that the regulations for nurse practitioners will need to be amended to define “direction and supervision.”

Board of Medicine (BOM) Regulatory Advisory Panel (RAP) on Laser Hair Removal met on November 20, 2017 to develop draft regulations that provide guidance regarding the statutory language: “ . . . or by a properly trained person under the direction and supervision of a licensed . . . ”

Ms. Yeatts added that copies of supporting documents are presented for the Committee’s review and action. She suggested the Committee approve the proposed regulations as recommended by the BOM RAP. Dr. O’Connor moved to approve the proposed regulations as presented. The motion was seconded and carried unanimously.

**Report on 2018 General Assembly:**

Ms. Yeatts reviewed the Report of the 2018 General Assembly that contains bills relevant to nurse practitioner practice.

Ms. Yeatts provided a copy of the most current version of HB793 and reviewed the proposed amendments. Ms. Yeatts commented that the bill:

- Eliminates the requirement for a practice agreement with a patient care team physician for nurse practitioners who are licensed by the BOM and BON and have completed at least certain numbers of hour of clinical experience as a licensed, certified nurse practitioner.
- Replaces the term “patient care team physician” with the term “collaborating provider.”
- Allows a nurse practitioner who is exempt from the requirement for a practice agreement to enter into a practice agreement to provide collaboration and consultation to a nurse practitioner who is not exempt from the requirement of a practice agreement.
- Establishes title protection for advanced practice registered nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists and otherwise does not affect certified registered nurse anesthetists or certified nurse midwives.
- Contains technical amendments.

Ms. Yeatts noted that she anticipated there would be changes to this bill. Ms. Yeatts responded to questions from the Advisory Committee and Joint Boards members.

Ms. Dodson commented that she understood the goal of the bill is not independence practice but autonomous practice as all mid-level providers

routinely consult with others on complex cases and situations is beyond their expertise.

DIALOGUE WITH  
AGENCY DIRECTOR:

Dr. Brown reported the following:

- There are many new people in the House this year. More bills have been assigned to DHP than in previous years.
- Governor Northam made several appointments that affect DHP:
  - Lisa Speller-Davis as Policy Assistant assigned to Board of Nursing
  - Barbara Allison-Bryant as DHP Chief Deputy who will start in March 2018
  - Dr. Brown was reappointed as DHP Director

Dr. Brown added that Lisa Hahn, current DHP Chief Deputy, has transferred into the DHP Chief Operation Officer (COO) position, as of November 2017.

POLICY FORUM:

**2017 Virginia's Licensed Nurse Practitioner Workforce:**

Drs. Carter and Shobo reviewed the report provided in the Agenda package noting that HRSA Health Workforce projected a sufficient supply of nurse practitioners in 2025.

Ms. Hershkowitz requested Dr. Carter breakout the most recent data into the 3 categories of LNPs -- CRNAs, CNMs, and NPs – to be presented at the April 11<sup>th</sup> Committee of the Joint Boards meeting. The Committee of the Joint Boards will discuss in April the need for additional questions to be included in the NP workforce survey. Ms. Dodson asked that the number of licensees for each category be included in the April reports.

RECESS:

The Board recessed at 10:50 AM

RECONVENTION:

The Board reconvened at 11:05 AM

NEW BUSINESS:

**Board of Nursing Executive Director Report:**

Ms. Douglas reported the following:

- The issue of separate prescriptive authority licensure is addressed in the NOIRA.
- Board of Nursing will have an intern this summer who will assist Board staff in cleaning up the NP licensing data with particular attention to specialty categories. Once this project is completed, NP data will be provided to NURSUS.
- Board staff continues to receive many questions from Office Managers, HR Personnel, and Practice Managers regarding the scope of practice of nurse practitioners.

## RECOMMENDATIONS AND CONSENT ORDER FOR CONSIDERATION

CLOSED MEETING: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:15 A.M. for the purpose of deliberation to consider Agency Subordinate recommendations and Consent Order. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Vu, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 11:25 P.M.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**Margaret Lankford Hockeborn, LNP 0024-086760**

Dr. O'Connor moved to accept the Agency Subordinate recommendation to reprimand Margaret Lankford Hockeborn. The motion was seconded and carried unanimously.

**Michael Jahrling St. John, LNP 0024-172383**

Dr. O'Connor moved to accept the Agency Subordinate recommendation to indefinitely suspend the license of Michael Jahrling St. John to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**Patricia Anne O'Neil-Sears, LNP 0024-092286**

Dr. O'Connor moved to accept the Agency Subordinate recommendation to indefinitely suspend the right of Patricia Anne O'Neil-Sears to renew her license to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**Jennifer Anne Sargent, LPN 0024-173398**

Dr. O'Connor moved to accept the consent order to indefinitely suspend the license of Jennifer Anne Sargent to practice as a nurse practitioner in the Commonwealth of Virginia. The said suspension is stayed upon proof of Ms. Sargent's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and passed unanimously.

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine Minutes  
February 7, 2018

ADJOURNMENT:                   As there was no additional business, the meeting was adjourned at 11:27 A.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

VIRGINIA BOARD OF NURSING  
SPECIAL CONFERENCE COMMITTEE OF THE BOARD OF NURSING AND THE  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
MINUTES  
February 7, 2018

TIME AND PLACE: The meeting of the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine was convened at 1:05 P.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Louise Hershkowitz, CRNA, MSHA, Chairperson  
Marie Gerardo, MS, RN, ANP-BC  
Dr. Kenneth Walker, MD

STAFF PRESENT: Robin Hills, DNP, WHNP, Deputy Director, Board of Nursing  
Anne Joseph, Deputy Director, Administrative Proceedings Division

CONFERENCES  
SCHEDULED:

**Sergio Arancibia, RN, LNP, 0001-193046; 0024-168466**

Mr. Arancibia appeared, accompanied by Kevin Weldon, Esquire, legal counsel.

CLOSED MEETING:

Ms. Gerardo moved that the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:31 P.M. for the purpose of deliberation to reach a decision in the matter of Mr. Arancibia. Additionally, Ms. Gerardo moved that Dr. Hills, and Ms. Joseph attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 3:38 P.M.

Ms. Gerardo moved that the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved to issue an Order of reprimand and require Mr. Arancibia to complete (3) NCSBN courses within 90 days of entry of the Order and provide proof of completion to the Board, to practice as a professional nurse in the Commonwealth of Virginia.

The motion was seconded and carried unanimously.



An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Mr. Arancibia unless a written request to the Board for a formal hearing on the allegations made against him is received from Mr. Arancibia within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ACTION: Dr. Walker moved to issue an Order of reprimand and require Mr. Arancibia to complete (3) NCSBN courses within 90 days of entry of the Order and provide proof of completion to the Board, to practice as a nurse practitioner in the Commonwealth of Virginia.

The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Mr. Arancibia unless a written request to the Board for a formal hearing on the allegations made against him is received from Mr. Arancibia within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT:

The meeting was adjourned at 3:42 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director

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# *Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty*

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Healthcare Workforce Data Center

April 2018

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

**3,273 Licensed Nurse Practitioners voluntarily participated in this survey.** *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

***Healthcare Workforce Data Center Staff:***

**Dr. Elizabeth Carter, PhD**  
*Executive Director*

**Yetty Shobo, PhD**  
*Deputy Director*

**Laura Jackson**  
*Operations Manager*

**Christopher Coyle**  
*Research Assistant*

## **Joint Boards of Nursing and Medicine**

### ***Chair***

Louise Hershkowitz, CRNA, MSHA  
*Reston*

### ***Members***

Lori D. Conklin, MD  
*Charlottesville*

Kevin O'Connor, MD  
*Leesburg*

Marie Gerardo, MS, RN, ANP-BC  
*Midlothian*

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP  
*Oak Hill*

Kenneth J. Walker, MD  
*Pearisburg*

### ***Executive Director of Board of Medicine***

William Harp, MD

### ***Executive Director of Board of Nursing***

Jay P. Douglas, MSM, RN, CSAC, FRE

**Contents**

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Results in Brief.....5

Survey Response Rates .....6

The Workforce.....7

Demographics.....8

Demographics.....9

Background .....10

Education .....11

Current Employment Situation .....12

Employment Quality.....13

2017 Labor Market .....14

Work Site Distribution .....15

Establishment Type .....16

Time Allocation .....18

Retirement & Future Plans .....19

## Results in Brief

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This report breaks down survey findings for Certified Registered Nurse CRNAs (CRNA), Certified Nurse CNMs (CNM), and Certified Nurse Practitioners (CNP). Of the 3,273 Licensed Nurse Practitioners (NPs) who took part in the 2017 Licensed Nurse Practitioner Workforce Survey, 638 were CRNAs, 98 were CNMs, and 2,537 were CNPs. CNPs make up the highest proportion of NPs. Over three-quarters of NPs are CNPs whereas CNMs constitute only 3% of NPs.

The HWDC estimates that 8,215 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Of these, 1,569 were CRNAs, 236 were CNMs and 6,410 were CNPs.

Eighteen percent of NPs did not participate in the NP workforce in the past year. CRNAs were least likely to report working in the state workforce last year; 22% of CRNAs did not participate in the state workforce in the past year compared to 19% of CNMs and 17% of CNPs.

Nine out of 10 NPs are female; CNMs are all female whereas slightly less than three-quarters of CRNAs are female. The median age of all NPs is 46; this is the median age of CRNAs and CNPs as well. However, the median age of CNMs is 49. In a random encounter between two NPs, there is a 33% chance that they would be of different races or ethnicities, a measure known as the diversity index. CRNAs were the most diverse with 36% diversity index whereas CNMs and CNPs had 21% and 33% diversity index, respectively.

One-third of all NPs grew up in a rural area. However, when broken down by specialty, 43% of CNMs did. About a quarter of CRNAs grew up in rural area whereas 35% of CNPs did. Overall, 10% of NPs work in rural areas. CNPs had the highest workforce participation in rural areas. 12% of CNPs work in rural areas compared to 6% and 3% of CRNAs and CNMs, respectively. CNPs were most likely to be educated in the state; 61% of CNPs reported attending a high school or professional school in the state compared to 40% of CRNAs and CNMs.

CRNAs had the highest educational attainment with 12% reporting a doctorate degree; only 4% of CNMs and 8% of CNPs did. Not surprisingly, CRNAs also were most likely to report education debt and they reported the highest median education debt. CRNA reported \$80-\$90k in education debt whereas others reported \$50k-\$60k. 16% of CRNAs reported over \$120,000 in education debt compared to 11% of CNMs and 5% of CNPs.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is between \$100,000 and \$110,000. 83% of CRNAs reported more than \$120,000 in median income compared to 28% of CNMs and 13% of CNPs. In addition, 85% of CNMs received at least one employer-sponsored benefit, compared to 84% of CRNAs and 81% of CNPs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 83% of CNMs are satisfied compared to 97% of CRNAs and 94% of CNPs.

CRNAs had the highest participation in the private sector, 87% of them worked in the sector compared to 83% of CNPs and 78% of CNMs. Meanwhile, CRNAs had lowest percent working in state or local government. Close to a third of CNMs reported employment instability in the past year compared to 30% of CNPs and 24% of CRNAs.

A typical NP spends nearly all of her time treating patients. 89% of NPs serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. CRNAs were most likely to fill a patient care role; 93% of CRNAs filled such a role compared to 89% and 88% of CNMs and CNPs, respectively.

A third of CNMs plan to retire within the next decade compared to 24% of CRNAs and 20% of CNPs. About 43%, 32% and 35% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 30%, 19%, and 23% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

## Survey Response Rates

### A Closer Look:

#### At a Glance:

##### Licensed NPs

Total:	10,038
CRNA:	2,043
CNM:	305
CNP:	7,690

##### Response Rates

All Licensees:	33%
Renewing Practitioners:	81%

Source: Va. Healthcare Workforce Data Center

2,037 of NPs reported their first specialty as CRNA; 279 had first specialty of CNM, 7,722 had other first specialties. Of the 7,722, 26 had a second specialty of CNM and six had a second specialty of CRNA. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, "At a Glance" shows the break down. Over three-quarters are CNPs and less than 5% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
Completed Surveys	638	98	2,537	3,273
Response Rate, all licensees	31%	32%	33%	33%
Response Rate, Renewals	77%	81%	81%	81%

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. 81% of renewing NPs submitted a survey. These represent 33% of NPs who held a license at some point during the licensing period. Response rates vary among the different specialty groups.*

Response Rate by Metro Status				
	CRNA	CNM	CNP	All
Non-Metro	40%	25%	37%	37%
Metro	39%	37%	37%	38%
Not in Virginia	13%	13%	15%	14%

Source: Va. Healthcare Workforce Data Center

Not in Workforce in Past Year				
	CRNA	CNM	CNP	All
% of Licensees not in VA Workforce	22%	19%	17%	18%
% in Federal Employee or Military:	8%	20%	21%	18%
% Working in Virginia Border State or DC	19%	38%	26%	25%

Source: Va. Healthcare Workforce Data Center

*CRNAs were most likely to not be working in the state workforce whereas CNMs were most likely to be working in border states.*



## Closer Look:

### At a Glance:

#### Workforce

Virginia's NP Workforce: 8,215  
FTEs: 7,323

#### Workforce by Specialty

CRNA: 1,569  
CNM: 236  
CNP: 6,410

#### FTE by Specialty

CRNA: 1,447  
CNM: 242  
CNP: 5,634

Source: Va. Healthcare Workforce Data Center

### Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All	
	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,558	99%	231	98%	6,280	98%	8,070	98%
Looking for Work in Virginia	10	1%	5	2%	130	2%	145	2%
Virginia's Workforce	1,569	100%	236	100%	6,410	100%	8,215	100%
Total FTEs	1,447		242		5,634		7,323	
Licensees	2,043		305		7,690		10,038	

Source: Va. Healthcare Workforce Data Center

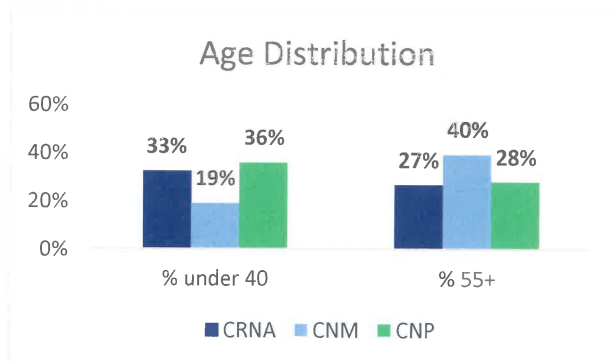
CNPs provided about 77% of the nurse practitioner FTEs in the state. CRNAs provided 20% whereas CNMs provided 3% of the FTEs.



### Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	24	7%	330	93%	354	5%
30 to 34	67	6%	1,087	94%	1,154	15%
35 to 39	121	11%	1,010	89%	1,131	15%
40 to 44	133	14%	827	86%	960	13%
45 to 49	63	7%	860	93%	922	12%
50 to 54	100	12%	731	88%	831	11%
55 to 59	91	11%	720	89%	811	11%
60 +	155	12%	1,165	88%	1,319	18%
<b>Total</b>	<b>754</b>	<b>10%</b>	<b>6,729</b>	<b>90%</b>	<b>7,483</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Gender

% Female: 90%

% Under 40 Female: 92%

#### % Female by Specialty

CRNA: 73%

CNM: 100%

CNP: 94%

#### % Female <40 by Specialty

CRNA: 78%

CNM: 100%

CNP: 95%

Source: Va. Healthcare Workforce Data Center

Median age is 49 for CNMs and 46 for others.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	19	67%	29	2%	10	100%	10	5%	301	95%	316	5%
30 to 34	163	84%	195	13%	19	100%	19	9%	905	96%	940	16%
35 to 39	193	76%	256	18%	12	100%	12	6%	804	93%	863	15%
40 to 44	171	72%	239	16%	32	100%	32	15%	624	91%	689	12%
45 to 49	125	75%	168	12%	28	100%	28	14%	706	97%	726	12%
50 to 54	128	73%	176	12%	25	100%	25	12%	578	92%	630	11%
55 to 59	104	72%	145	10%	44	100%	44	21%	572	92%	622	11%
60 +	159	64%	251	17%	39	100%	39	19%	966	94%	1,030	18%
<b>Total</b>	<b>1,063</b>	<b>73%</b>	<b>1,458</b>	<b>100%</b>	<b>209</b>	<b>100%</b>	<b>209</b>	<b>100%</b>	<b>5,457</b>	<b>94%</b>	<b>5,815</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	63%	6,083	81%	2,032	78%
Black	19%	647	9%	235	9%
Asian	6%	357	5%	183	7%
Other Race	0%	116	2%	37	1%
Two or more races	3%	124	2%	58	2%
Hispanic	9%	165	2%	75	3%
Total	100%	7,492	100%	2,619	100%

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Diversity

Diversity Index: 33%

Under 40 Div. Index: 38%

### By Specialty

CRNA: 36%

CNM: 21%

CNP: 33%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,161	79%	342	72%	184	88%	38	94%	4,737	81%	1,652	78%
Black	113	8%	45	10%	5	2%	0	0%	528	9%	189	9%
Asian	118	8%	69	15%	0	0%	0	0%	240	4%	114	5%
Other Race	16	1%	3	1%	0	0%	0	0%	100	2%	34	2%
Two or more races	31	2%	8	2%	7	3%	0	0%	86	1%	50	2%
Hispanic	26	2%	6	1%	12	6%	3	6%	127	2%	67	3%
Total	1,465	100%	473	100%	209	100%	41	100%	5,818	100%	2,106	100%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Rural Childhood

CRNA:	26%
CNM:	43%
CNP:	35%
All:	33%

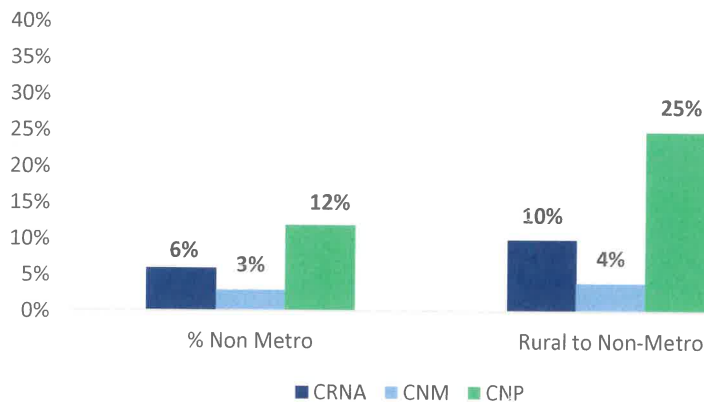
### Non-Metro Location

CRNA:	6%
CNM:	3%
CNP:	12%
All:	10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

### Current Metro Status

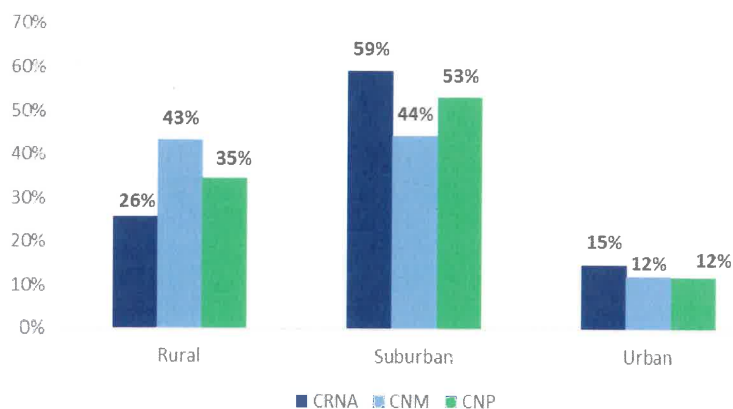


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	31%	33%	39%	40%
CNM	29%	37%	40%	25%
CNP	49%	56%	61%	63%
<b>Total</b>	<b>45%</b>	<b>51%</b>	<b>56%</b>	<b>58%</b>

Source: Va. Healthcare Workforce Data Center

### Metro Status during Youth



Source: Va. Healthcare Workforce Data Center

*CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. CNPs had the highest percent reporting a non-metro work location.*



## A Closer Look:

## At a Glance:

## Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$70k-\$80k
CNP:	\$50k-\$60k

Source: Va. Healthcare Workforce Data Center

CRNAs were most likely to carry education debt and they reported the highest median education debt. 51% and 79% of all CRNAs and CRNAs, respectively, under age 40 carried education debt. Their median debt was \$80k-\$90k.

Degree	Highest Degree							
	CRNA		CNM		CNP		All	
	#	%	#	%	#	%	#	%
NP Certificate	182	13%	5	2%	118	2%	305	4%
Master's Degree	1,090	75%	164	80%	4,563	80%	5,817	79%
Post-Masters Cert.	10	1%	26	13%	564	10%	599	8%
Doctorate of NP	96	7%	7	3%	349	6%	451	6%
Other Doctorate	70	5%	3	1%	141	2%	213	3%
Post-Ph.D. Cert.	0	0%	0	0%	2	0%	2	0%
<b>Total</b>	<b>1,447</b>	<b>100%</b>	<b>204</b>	<b>100%</b>	<b>5,737</b>	<b>100%</b>	<b>7,388</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	49%	21%	56%	19%	53%	34%	52%	31%
\$10,000 or less	2%	3%	6%	12%	5%	7%	5%	7%
\$10,000-\$19,999	2%	1%	0%	0%	5%	6%	4%	5%
\$20,000-\$29,999	3%	1%	5%	0%	5%	5%	4%	4%
\$30,000-\$39,999	4%	7%	7%	7%	4%	5%	4%	5%
\$40,000-\$49,999	3%	5%	0%	0%	4%	6%	4%	6%
\$50,000-\$59,999	4%	4%	2%	0%	5%	7%	4%	6%
\$60,000-\$69,999	2%	5%	1%	0%	3%	5%	3%	4%
\$70,000-\$79,999	3%	2%	5%	12%	3%	5%	3%	4%
\$80,000-\$89,999	4%	8%	2%	0%	3%	4%	3%	4%
\$90,000-\$99,999	2%	3%	0%	0%	3%	5%	3%	4%
\$100,000-\$109,999	3%	7%	4%	14%	2%	3%	2%	4%
\$110,000-\$119,999	2%	1%	0%	0%	1%	1%	1%	1%
\$120,000 or more	16%	33%	11%	36%	5%	9%	8%	14%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Employed in Profession

CRNA:	97%
CNM:	95%
CNP:	96%

#### Involuntary Unemployment

CRNA:	0%
CNM:	2%
CNP:	<1%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All
0 hours	2%	5%	3%	3%
1 to 9 hours	0%	1%	2%	2%
10 to 19 hours	3%	1%	3%	3%
20 to 29 hours	7%	4%	9%	8%
30 to 39 hours	17%	16%	19%	19%
40 to 49 hours	60%	30%	47%	49%
50 to 59 hours	10%	24%	13%	12%
60 to 69 hours	1%	16%	3%	3%
70 to 79 hours	0%	1%	1%	1%
80 or more hours	0%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 12% work more than 50 hours whereas over 40% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and about 17% work more than 50 hours.

Current Positions								
Positions	CRNA		CNM		CNP		All	
	#	%	#	%	#	%	#	%
No Positions	26	2%	10	5%	159	3%	194	3%
One Part-Time Position	161	11%	26	13%	868	15%	1,056	15%
Two Part-Time Positions	49	3%	5	3%	221	4%	276	4%
One Full-Time Position	1,004	70%	140	69%	3,669	65%	4,813	66%
One Full-Time Position & One Part-Time Position	163	11%	22	11%	617	11%	802	11%
Two Full-Time Positions	3	0%	0	0%	13	0%	16	0%
More than Two Positions	29	2%	0	0%	60	1%	89	1%
<b>Total</b>	<b>1,435</b>	<b>100%</b>	<b>204</b>	<b>100%</b>	<b>5,608</b>	<b>100%</b>	<b>7,246</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All
Signing/Retention Bonus	20%	17%	12%	14%
Dental Insurance	64%	36%	57%	58%
Health Insurance	66%	56%	63%	63%
Paid Leave	67%	80%	70%	70%
Group Life Insurance	59%	38%	51%	52%
Retirement	76%	66%	71%	72%
Receive at least one benefit	84%	85%	81%	82%

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Median Income

CRNA: \$120k-\$130k

CNM: \$90k-\$100k

CNP: \$90k-\$100k

All: \$100k-\$110k

#### Percent Satisfied

CRNA: 97%

CNM: 83%

CNP: 94%

Source: Va. Healthcare Workforce Data Center

CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$90k-\$100k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were most satisfied. 4% of CNMs also were very dissatisfied whereas 1% or less of the other NPs, including CRNAs, were very dissatisfied.

Hourly Wage	Income			
	CRNA	CNM	CNP	All
Volunteer Work Only	0%	2%	1%	1%
Less than \$40,000	1%	4%	5%	4%
\$40,000-\$49,999	0%	4%	3%	3%
\$50,000-\$59,999	2%	7%	4%	4%
\$60,000-\$69,999	0%	9%	5%	4%
\$70,000-\$79,999	1%	9%	8%	6%
\$80,000-\$89,999	1%	9%	13%	11%
\$90,000-\$99,999	2%	10%	20%	16%
\$100,000-\$109,999	5%	6%	17%	15%
\$110,000-\$119,999	4%	11%	10%	9%
\$120,000 or more	83%	28%	13%	27%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center



## 2017 Labor Market

### A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All
Experience Involuntary Unemployment?	1%	2%	1%	1%
Experience Voluntary Unemployment?	3%	3%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	4%	3%	2%
Work two or more positions at the same time?	17%	12%	17%	17%
Switch employers or practices?	5%	14%	11%	10%
Experienced at least 1	24%	32%	30%	29%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Involuntarily Unemployed

CRNA:	1%
CNM:	2%
CNP:	1%

#### Underemployed

CRNA:	1%
CNM:	4%
CNP:	3%

#### Over 2 Years Job Tenure

CRNA:	70%
CNM:	39%
CNP:	55%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	2%	5%	3%	8%	2%	8%
< 6 Months	5%	11%	17%	13%	10%	15%
6 Months-1 yr	5%	11%	14%	15%	12%	11%
1 to 2 Years	19%	21%	27%	21%	21%	22%
3 to 5 Years	24%	21%	19%	27%	23%	23%
6 to 10 Years	21%	19%	13%	11%	12%	13%
> 10 Years	25%	12%	8%	5%	20%	9%
Subtotal	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

*CNMs were most likely to be paid by salary or commission. Nearly three-quarters of them were paid that way, compared to 68% of CNPs and 58% of CRNAs.*

Forms of Payment				
Primary Work Site	CRNA	CNM	CNP	All
Salary/ Commission	58%	74%	68%	66%
Hourly Wage	39%	20%	28%	30%
By Contract	3%	4%	3%	3%
Other	0%	2%	1%	1%
Subtotal	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### % in Top 3 Regions

CRNA:	81%
CNM:	73%
CNP:	69%

#### More than 2 Locations

CRNA:	27%
CNM:	29%
CNP:	22%

Source: Va. Healthcare Workforce Data Center

*Northern Virginia has the highest proportion of CRNAs and CNMs whereas CNPs were mostly concentrated in the Central region.*

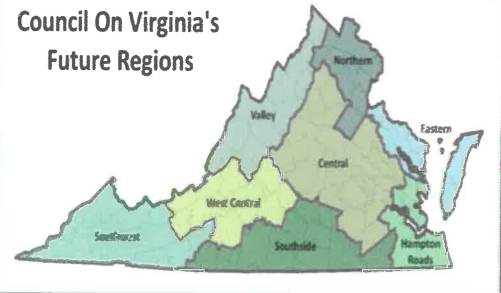
### A Closer Look:

Regional Distribution of Work Locations						
COVF Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	28%	16%	11%	8%	28%	22%
Eastern	1%	2%	1%	0%	1%	1%
Hampton Roads	23%	26%	20%	25%	17%	17%
Northern	31%	29%	42%	14%	25%	21%
Southside	2%	1%	0%	0%	3%	3%
Southwest	2%	2%	1%	0%	7%	12%
Valley	3%	2%	14%	24%	7%	6%
West Central	6%	8%	9%	12%	10%	8%
Virginia Border State/DC	3%	5%	0%	4%	1%	2%
Other US State	2%	7%	1%	13%	2%	7%
Outside of the US	0%	1%	0%	0%	0%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	28	2%	10	5%	193	3%
1	1,011	71%	134	66%	4,120	74%
2	217	15%	48	24%	698	13%
3	139	10%	8	4%	449	8%
4	15	1%	0	0%	30	1%
5	8	1%	3	1%	15	0%
6 +	3	0%	0	0%	40	1%
<b>Total</b>	<b>1,421</b>	<b>100%</b>	<b>204</b>	<b>100%</b>	<b>5,545</b>	<b>100%</b>

Council On Virginia's Future Regions



\*At survey completion (birth month of respondents)

Source: Va. Healthcare Workforce Data Center



## Establishment Type

### A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>For-Profit</b>	51%	63%	60%	83%	51%	53%	51%	56%
<b>Non-Profit</b>	36%	25%	18%	17%	32%	31%	33%	29%
<b>State/Local Government</b>	6%	4%	9%	0%	10%	12%	9%	10%
<b>Veterans Administration</b>	3%	1%	0%	0%	3%	1%	3%	1%
<b>U.S. Military</b>	4%	7%	12%	0%	3%	2%	3%	3%
<b>Other Federal Government</b>	0%	0%	1%	0%	1%	2%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 87% of them worked in the sector compared to 83% of CNPs and 78% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.

### At a Glance: (Primary Locations)

#### For-Profit Primary Sector

CRNA:	63%
CNM:	60%
CNP:	51%

#### Top Establishments

CRNA:	Inpatient Department
CNM:	Group Private Practice
CNP:	Primary Care Clinic

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All
<b>Meaningful use of EHRs</b>	10%	26%	36%	30%
<b>Remote Health, Caring for Patients in Virginia</b>	1%	2%	9%	8%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	1%	1%	2%	2%
<b>Use at least one</b>	<b>11%</b>	<b>29%</b>	<b>39%</b>	<b>34%</b>

Source: Va. Healthcare Workforce Data Center

A third of the state NP workforce use EHRs. 8% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Hospital, Inpatient Department	43%	37%	21%	13%	15%	14%	21%	19%
Clinic, Primary Care or Non-Specialty	0%	1%	6%	0%	23%	19%	18%	15%
Physician Office	1%	1%	11%	29%	11%	4%	9%	4%
Private practice, group	4%	2%	28%	22%	9%	5%	9%	5%
Academic Institution (Teaching or Research)	12%	2%	4%	20%	8%	10%	9%	9%
Hospital, Outpatient Department	11%	15%	7%	0%	7%	3%	8%	5%
Ambulatory/Outpatient Surgical Unit	16%	28%	0%	0%	1%	0%	4%	6%
Clinic, Non-Surgical Specialty	0%	0%	0%	0%	4%	5%	3%	3%
Hospital, Emergency Department	1%	0%	1%	0%	3%	5%	2%	3%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	3%	4%	2%	3%
Private practice, solo	0%	0%	1%	0%	2%	2%	2%	2%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	2%	3%	1%	2%
Public Health Agency	0%	0%	3%	4%	1%	2%	1%	1%
Other Practice Setting	12%	13%	18%	13%	11%	24%	12%	22%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The inpatient department of a hospital was the most mentioned primary work establishment on average for NPs. This average was driven primarily by CRNAs. For CNMs, private practice was the most mentioned primary work establishment whereas for CNPs, primary care clinic was the most mentioned primary work establishment.*

## At a Glance: (Primary Locations)

### Patient Care Role

CRNA:	93%
CNM:	89%
CNP:	88%

### Education Role

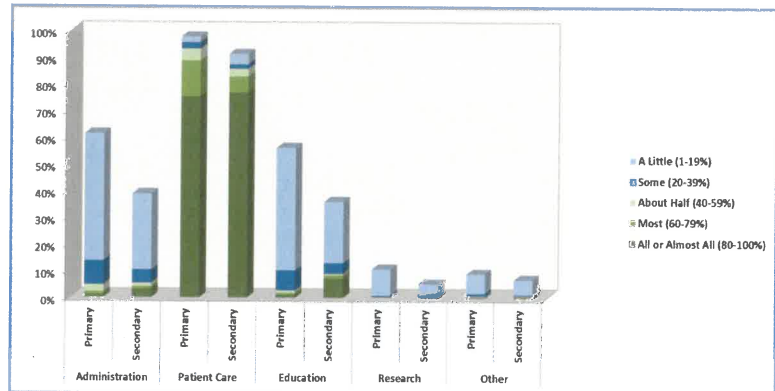
CRNA:	1%
CNM:	1%
CNP:	2%

### Admin Role

CRNA:	2%
CNM:	4%
CNP:	2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 89% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 93% of CRNAs filled such role compared to 89% and 88% of CNMs and CNPs, respectively.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	86%	88%	66%	52%	73%	74%	75%	77%
<b>Most (60-79%)</b>	7%	1%	23%	33%	15%	6%	13%	6%
<b>About Half (40-59%)</b>	3%	2%	3%	0%	5%	3%	4%	3%
<b>Some (20-39%)</b>	1%	1%	1%	0%	3%	2%	2%	2%
<b>A Little (1-20%)</b>	1%	2%	5%	0%	2%	5%	2%	4%
<b>None (0%)</b>	1%	6%	1%	15%	3%	9%	2%	9%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Future Plans						
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	15	1%	0	0%	38	1%
Leave Virginia	29	2%	15	6%	162	3%
Decrease Patient Care Hours	130	8%	37	16%	576	9%
Decrease Teaching Hours	5	0%	3	1%	62	1%
Increase Participation						
Increase Patient Care Hours	52	3%	28	12%	599	9%
Increase Teaching Hours	83	5%	53	23%	802	13%
Pursue Additional Education	80	5%	27	11%	907	14%
Return to Virginia's Workforce	5	0%	0	0%	47	1%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Retirement within 2 Years

CRNA:	6%
CNM:	7%
CNP:	5%

#### Retirement within 10 Years

CRNA:	24%
CNM:	33%
CNP:	20%

Source: Va. Healthcare Workforce Data Center

43%, 32% and 35% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 30%, 19%, and 23% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

Expected Retirement Age	CRNA		CNM		CNP		All	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	1%	-	4%	-	1%	-	1%	-
50 to 54	3%	0%	0%	0%	2%	0%	2%	0%
55 to 59	9%	4%	3%	0%	6%	3%	7%	3%
60 to 64	31%	25%	25%	19%	25%	20%	26%	21%
65 to 69	40%	46%	49%	52%	39%	44%	40%	44%
70 to 74	13%	19%	8%	12%	15%	19%	14%	19%
75 to 79	1%	2%	1%	2%	4%	4%	3%	4%
80 or over	0%	1%	1%	0%	1%	2%	1%	1%
I do not intend to retire	3%	3%	8%	15%	6%	8%	5%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

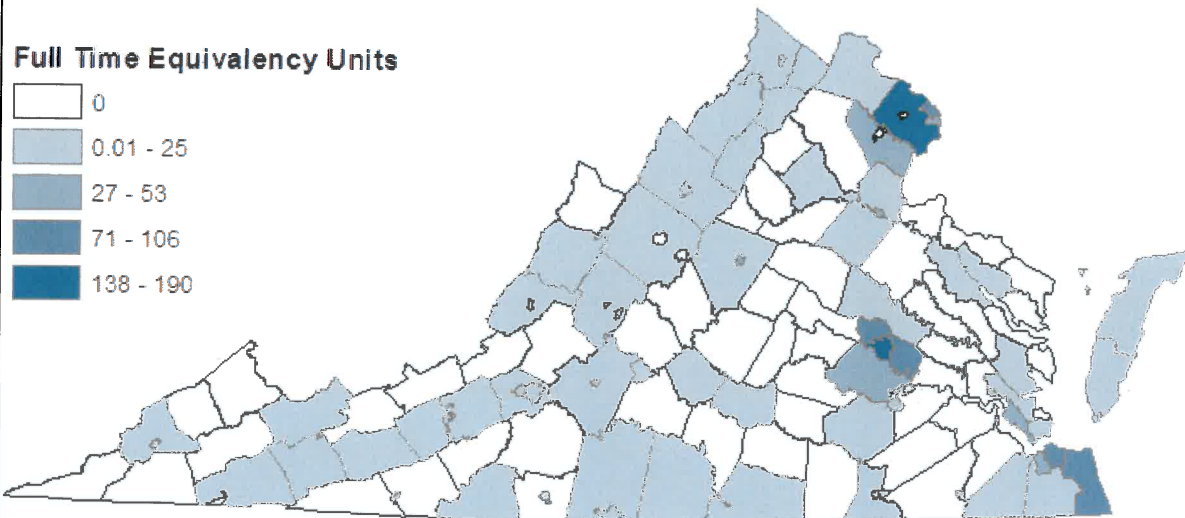


	Time to Retirement							
	CRNA		CNM		CNP		All	
Expect to retire within. . .	#	%	#	%	#	%	#	%
2 years	74	6%	13	7%	260	5%	347	5%
5 years	66	5%	5	3%	149	3%	220	3%
10 years	171	13%	45	24%	583	12%	799	12%
15 years	129	10%	29	15%	624	13%	782	12%
20 years	171	13%	5	3%	537	11%	713	11%
25 years	197	15%	24	13%	579	12%	801	12%
30 years	201	15%	17	9%	675	14%	894	14%
35 years	158	12%	28	15%	641	13%	827	13%
40 years	87	7%	3	1%	379	8%	469	7%
45 years	12	1%	0	0%	191	4%	203	3%
50 years	0	0%	0	0%	54	1%	54	1%
55 years	0	0%	3	1%	5	0%	7	0%
In more than 55 years	0	0%	0	0%	5	0%	5	0%
Do not intend to retire	36	3%	15	8%	291	6%	342	5%
<b>Total</b>	<b>1,304</b>	<b>100%</b>	<b>186</b>	<b>100%</b>	<b>4,973</b>	<b>100%</b>	<b>6,463</b>	<b>100%</b>

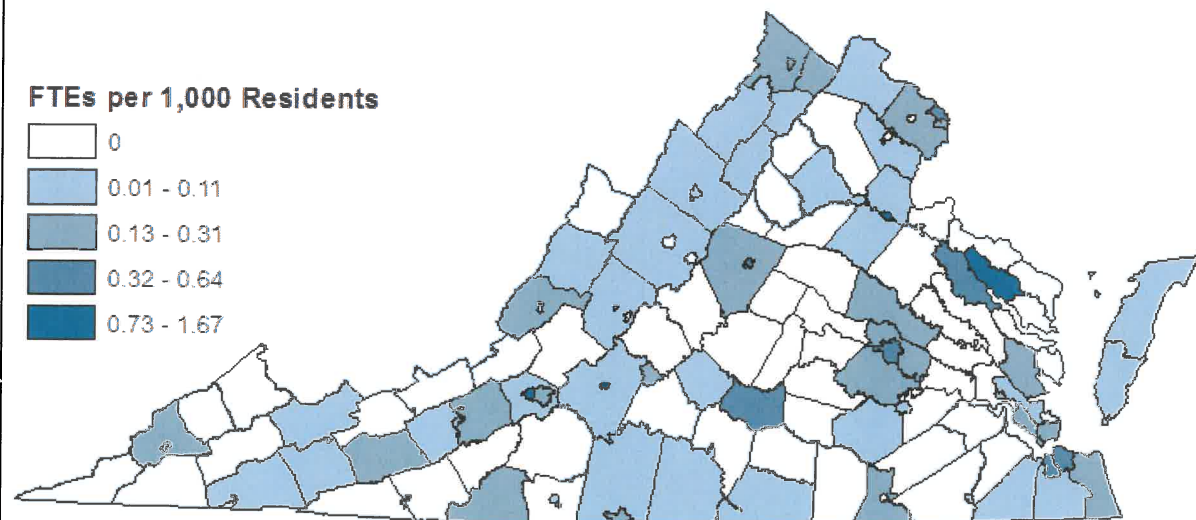
Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2027. Retirements will peak at 14% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2057.*

## Certified Registered Nurse Anesthetists: Full Time Equivalency Units

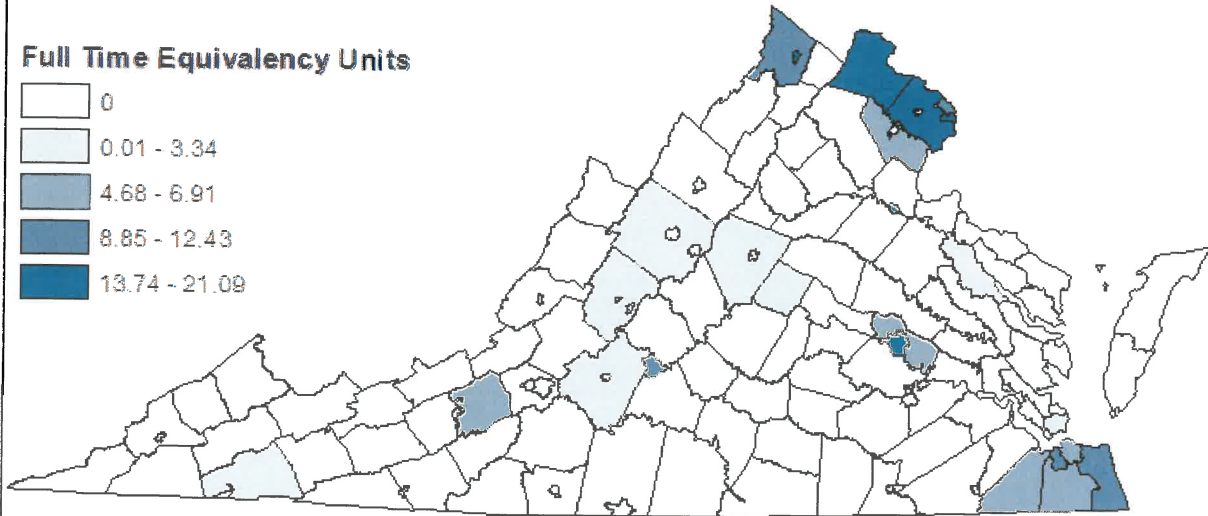
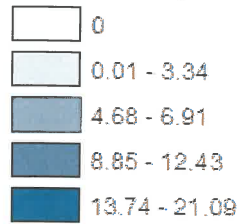


## FTEs per 1,000 Residents



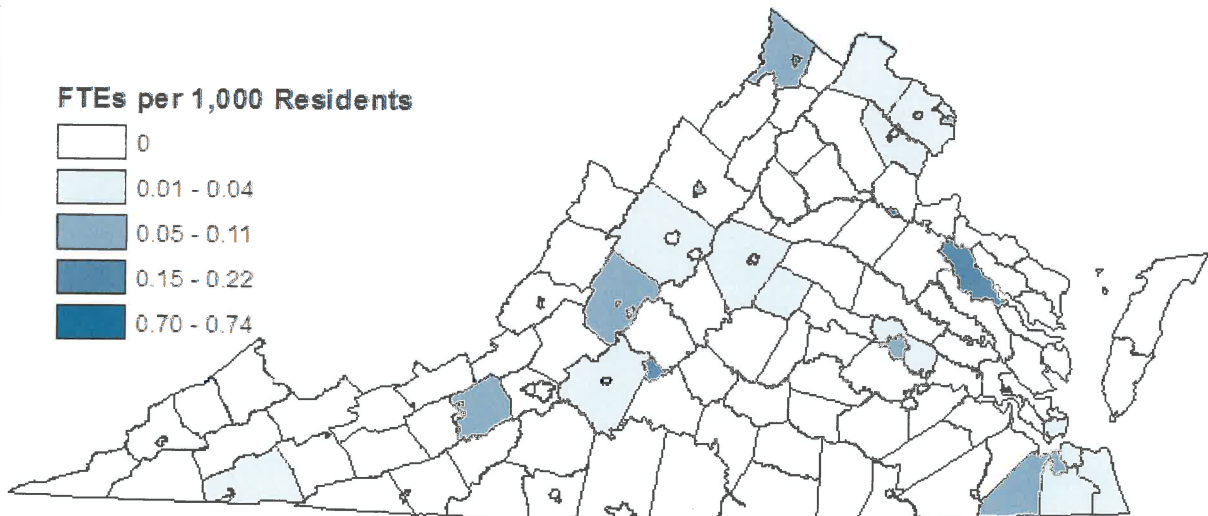
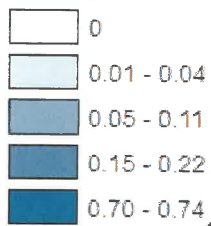
### Certified Nurse Midwives: Full Time Equivalency Units

#### Full Time Equivalency Units

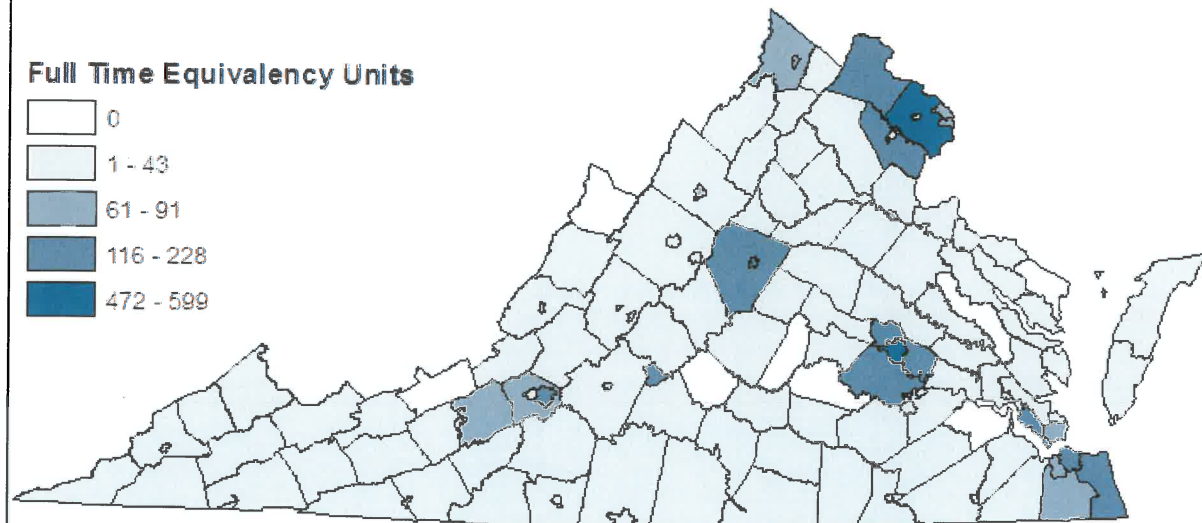


### FTEs per 1,000 Residents

#### FTEs per 1,000 Residents



## Certified Nurse Practitioners: Full Time Equivalency Units



## FTEs per 1,000 Residents

